

# Regional Planning Table Teleconference Minutes September 10, 2019



## 1. Participation at the Meeting

### **Present:**

Karen Luyendyk, community member  
Simone Thibault, Centretown Community Health Centre  
Jane Fjeld, Youth Services Bureau  
Laurie Rektor, Family Services Ottawa  
Erin Flemming, Family Services Ottawa  
Brook Lynn Davies, community member  
Patricia Vincent, community member  
Mel Thompson, community member  
Leyla Shahid, community member  
Fae Johnstone, community member  
Avery Velez, community member  
Devon MacFarlane, Rainbow Health Ontario (via teleconference)  
Natalie Duchesne, Connect2knowledge, consultant  
Lynne Tyler, Catalyst Research and Communications, facilitator.

**Regrets/Did not attend:** Darlene Rose, Champlain LHIN; Katelyn Lepinskie, Royal Ottawa Mental Health Group; Tammy DeGiovanni, CHEO; Chris Clapp, Seaway Valley Community Health Centre.

## 2. Welcome and Acknowledgement of Algonquin Territory

The RPT acknowledged that we were meeting on the territory of the Algonquin people, and we reminded ourselves that many of us are guests here and to act, as much as possible, in accordance with local protocols.

## 3. Approval of August 12, 2019 Minutes

The minutes were approved as circulated, with a correction to the spelling of Brook Lynn's name.

## 4. Updates

- a) Karen congratulated everyone involved for a very successful Trans March.
- b) Kaeden Seburn, community member, has withdrawn from the RPT.
- c) Darlene Rose has left the LHIN to accept a new position elsewhere, and so has also left the RPT.
- d) Erin announced this is her last meeting as her family is moving to Hawai'i. Profuse thanks were offered to her for her ongoing logistical support to the RPT.

## 5. Brief #1 re: RPT Structure and Relationship-Building

Natalie presented the first in a series of briefs to inform RPT reflection and discussion about relationship-building and the future structure of the RPT or its successor. She reminded us that we are considering three types of relationships: within the RPT, with agencies and service providers, and with the community.

Brief #1 focused on “Content Experts vs Context Experts”. Content experts are “professionals, staff in your organization, service providers and leaders with formal power who have knowledge, tools and resources to address the issue”, and context experts are “people with lived experience of the situation, including children and youth. They are the people who experientially know about the issue.” (Source: Lisa Attygalle, *The context experts*, Tamarack Institute.) Natalie highlighted a range of factors to consider in stakeholder communication and authentic engagement of context experts. There was an extensive discussion.

RPT members mentioned some points they want to keep in mind as we move forward, such as:

- Ensuring a good balance of context and content expertise in our deliberations,
- Being action-oriented while also continuing to learn,
- Reflecting as individuals on what we bring to the table and what barriers might exist for us,
- Considering the specific expertises we will need going forward.

Future briefs and discussions will focus on:

- Common purpose,
- Group/power dynamics,
- Potential governance structures.

It was agreed that it makes sense to address these in the order they are listed.

## 6. System Mapping Project

Natalie provided an update on the system mapping work, and RPT members discussed various aspects.

a) Gender Diverse Health Resource Guide:

- Awaiting changes from two organizations
- Add a funding acknowledgement (check funding agreement for details)
- Make adjustments for accessibility by screen readers
- Use the description of the RPT from the RHO abstract
- RPT logo: Erin will send the current version to Natalie who will attempt

b) Fishbowl exercise: A range of questions and suggestions about the design were explored with Natalie, who will adjust the design and reframe certain aspects. Through the discussion it became clear that the selection of participants (both community members and providers), the preparation of participants and the de-brief with participants are critical. The fishbowl is likely to take place in late October or early November.

- c) Design workshop: This will likely take place with Centretown CHC in November.
- d) Rural areas of the region: Natalie is reaching out to various providers, including through Seaway CHC and Diversity Cornwall, among others.

## 7. Next Meetings

Erin identified October 16 and November 5 as the dates for the next RPT meetings. Location will be confirmed by email.

Items arising from this meeting for consideration at the next meetings include:

- 1) Review other potential areas of work for the RPT. Of the nine recommendations in the April 2017 report, the RPT has worked on three, with particular emphasis on the system planning recommendation. We recognize that all the recommendations are important. Do we have the energy to work on others? Also, our strategic planning retreat identified several possible areas of work and we should review this list again.
- 2) With the LHIN ceasing to exist, our ongoing funding from the health sector is not yet confirmed. We need to consider investigating other funding sources, such as the federal department of Women's and Gender Equality.
- 3) RPT logo and official name of the table needs to be reviewed and finalized.